

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68994	11/13/00
O.I.P.E. CLASSIFIER		12	
FORMALITY REVIEW		10500	12-1
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/6/00
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓		
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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